



PTO/SB/17 (07-06)

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<b>Effective on 12/08/2004.</b> Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		<b>Complete if Known</b>	
<b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		Application Number	09/914,006-Conf. #7184
		Filing Date	January 7, 2002
		First Named Inventor	Lothar Eggeling
		Examiner Name	C. L. Fronda
		Art Unit	1652
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	05899-00013-US
<b>TOTAL AMOUNT OF PAYMENT</b>		<b>(\$)</b>	<b>1,810.00</b>

**METHOD OF PAYMENT** (check all that apply)

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<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: <b>03-2775</b> Deposit Account Name: <b>Connolly Bove Lodge &amp; Hutz LLP</b>			
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee			
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments			

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>
_____ - 20 = _____	x _____	= _____		<b>Fee (\$)</b> <b>Fee Paid (\$)</b>
HP = highest number of total claims paid for, if greater than 20.				
<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	
_____ - 3 = _____	x _____	= _____		
HP = highest number of independent claims paid for, if greater than 3.				

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____	/50	_____ (round up to a whole number) x _____	= _____	

**4. OTHER FEE(S)**

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): 1253 Extension for response within third month	1,020.00
1801 Request for continued examination (RCE) (see 37 ...	790.00

<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney/Agent)	33,712
Name (Print/Type)	Liza D. Hohenschutz	Telephone	(302) 658-9141
		Date	October 26, 2006



Application No. (if known): 09/914,006

Attorney Docket No.: 05899-00013-US

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Telephone Number

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Request for Continued Examination Transmittal (1 page)  
Three Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)  
Amendment and Submission under 37 CFR 1.114 (6 pages)  
Fee Transmittal (1 page)  
Return Receipt Postcard  
Charge \$1,810.00 to deposit account 03-2775